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2011 Montana Individual Income Tax Return

Form 2

| Mark all | First Name and Initial | Last Name | 2 0 1 1 and e | Social Secur | ity Number | Dec | eased? Date of Death | | | | |
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| | 3c Married filing separately on separate forms | | | | | | | | | | |
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| 6b ⋖ Spo | ouse ⋖ 65 or older | ⋖ Blind | Enter number marked | ► 6b | | Marine and the second | omense is commence account (social constitution) | | | | |
| 6c Enter the | total number of dependents. If mo | ore than 4 dependents, see ins | structions on page 3. | ► 6c | | Committee of the contract of | COMPANIANCE AND A STREET COMPANIANCE CONTRACTOR OF A STREET COMPANIANCE CONTRACTOR OF A STREET CONTRACTOR OF A | | | | |
| 6d Add lines | 6a through 6c and enter total e | xemptions here. | | ► 6d | Macien In reserve van stroe vaartering, zons aan I | F PETER TO THE COMPANY | Maller M. & William Process and account of the second configuration of the second configuration. | | | | |
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| 8a Taxable ir | nterest. Include federal Schedul | e B if required. | | ► 8a | | 0.0 | C | | | | |
| 8b Tax-exem | pt interest. Do not include on line | e 8a. ► 8b | 00 | Language | The second secon | manakan k | esti i tirrepitati esti selente esti esti esti esti esti esti esti es | | | | |
| 9 Ordinary | dividends. Include federal Sche | dule B if required. | ormadom como de comerciones e comerciones en messado execucidade e en messado en messado en messado en messado | ▶ 9 | Allegen in the least to the contract of the co | 00 | 0 | | | | |
| 10 Taxable re | efunds, credits, or offsets of sta | te and local income taxes. | | ▶ 10 | The service of the service of the service of | 00 | 0 | | | | |
| 11 Alimony re | eceived. | | | ▶ 11 | To contribute the second of th | 00 | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | | | |
| 12 Business i | ncome or (loss). Include federal S | chedule C or C-EZ. NAICS | : ► | ▶ 12 | per transfer to establish and a state of the | 00 | ************************************** | | | | |
| 13 Capital ga | ain or (loss). Include federal Sch | nedule D if required. | 200—1925 г.). Эт «Койс «Состом» стем нечение при ставани выей | ▶ 13 | ference excerning interesting in the ending of the en | 00 | 0 | | | | |
| 14 Other gair | ns or (losses). Include federal S | chedule 4797. | | ▶ 14 | principal de America, republica proprio impresa de appoi | 00 | 0 | | | | |
| 5a IRA distrib | outions. ► 15a | 00 | Taxable amount. | ► 15b | NET ME LECTE CHARGE HER EMPLOYED AND AN ARMIC ALL | 00 | 0 | | | | |
| | and annuities. ► 16a | | Taxable amount. | ► 16b | policie a princi l'implément que ma antière, com mentigroporter | 00 | 0 | | | | |
| 17 Rental rea | l estate, royalties, partnerships, S | ▶ 17 | med an tig or from an image of converge groups | 00 | 0 | | | | | | |
| 18 Farm inco | ome or (loss). Include federal So | chedule F. | | ▶ 18 | , du milital fine sensene venge na netog ve mm | 0.0 | 0 | | | | |
| 19 Unemploy | ment compensation. | . 2010 M.B | | ▶ 19 | en en en en en el en | 00 | 01 | | | | |
| 0a Social sec | urity benefits. ► 20a | 00 | Taxable amount. | ▶ 20b | and a state where the second property and a second second | 00 | | | | | |
| 21 Other inco | me; list type. | TREMOVER 21 CONST. TO STANSON AND AND AND AND AND AND AND AND AND AN | Amount. | ▶ 21 | The transfer of the second sec | 00 | 0(| | | | |
| 22 Add the a | mounts in columns A and B for | lines 7 thru 21. | This is your to | | | | | | | | |



| | | Form 2, Page 2 - 2011 Social Security Number: | | | ∵• g |
|--|-----|--|--|--|--|
| | ŀ | TUIIII Z, Faye Z - ZUII OUGIAI Security I Nullibel. | To institute of the state of th | Column A (for single, joint, separate, or head of household) | Column B (for spouse when filing separately using filing status 3a) |
| | 23 | Your total income from line 22. | 23 | | 0.0 |
| | 24 | Educator expenses. | 24 | 00 | 0.0 |
| Table of the | 25 | Certain business expenses of reservist, etc. Include federal Form 2106 or 2106-EZ. | 25 | 00 | * norman varietimus krasianimus varietimus varietimus varietimus varietimus varietimus varietimus varietimus v 0 0 |
| 20.00 | 26 | Health savings account deduction. Include federal Form 8889. | 26 | | en e |
| | 27 | Moving expenses. Include federal Form 3903. | 27 | 00 | 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| C 100 miles 100 | 28 | Deductible part of self-employment tax. Attach federal Schedule SE. | 28 | 00 | one de la companya del la companya de la companya d |
| | 29 | Self-employed SEP, SIMPLE, and qualified plans. | 29 | 0.0 | 72. LOUIS AND |
| CONTROL OF COMPANY AND | 30 | Self-employed health insurance deduction. | 30 | 00 | 00 |
| | 31 | Penalty on early withdrawal of savings. | 31 | 0.0 | |
|) | 32a | Alimony paid. | 32a | 0.0 | and interested the control office of the control of |
| | | Committee internal format of format for format form | | unas, a remai se esperata comezana a se come con come che libració e tibina di calendamente de | |
| 3 | 32b | logación and analysis a logación and analysis and analysis and analysis and analysis and analysis and a solution of | 33 | un uz unusamenta sumas sassa sumas suscessión un mes en el se el s | 0.0 |
| 5 | 33 | IRA deduction. | 34 | | 00 |
| 3 | 34 | Student loan interest deduction. | 35 | | V1 241 2 No 1 V PER PROPERTY BOOK OF A AN ANNAL CONSIDERATION OF THE PROPERTY BOOK OF THE PRO |
| *************************************** | 35 | Tuition and fees. | 36 | 00 | 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 3 | 36 | Domestic production activities deduction. Include federal Form 8903. | 37 | | |
| - | 37 | Add lines 24 through 36 and enter the result here. | | 00 | 00 |
| 0.00 | 38 | Subtract line 37 from line 23 and enter the result here. | 38 | and the terminal property and the second | and the second property of the second second |
| | 38a | Combine amounts on line 38 columns A and B and enter here. This is your federal adjusted gross in | ncome. | . • 38a | 00 |
| 5 | 39 | Enter Montana additions to federal adjusted gross income from Form 2, page 4, Schedule I, line 17. | 39 | 00 | 0.0 |
| | 40 | Enter Montana subtractions from federal adjusted gross income from Form 2, page 5, Schedule II, line 35. | 40 | 00 | 00 |
| E | 41 | Add lines 38 and 39; subtract line 40. This is your Montana adjusted gross income. ▶ | 41 | 00 | 00 |
| and a | 42 | Deductions Standard Deduction (see Worksheet V on page 46) | W-0 0 MAT 15 1 1 1 | | en northwester Bereich (1964) ben in der het de stelle der de stelle der de stelle de stelle de stelle de stelle |
| 2 | | (★ mark only one box) Itemized Deductions (from Form 2, Schedule III, line 32) | 42 | 00 | 0.0 |
| 3 | 43 | Subtract line 42 from line 41 and enter the result here. | 43 | 00 | 00 |
| I AVAINE III COILIE | 44 | Exemptions (All individuals are entitled to at least one exemption.) Multiply \$2,190 by the number of exemptions on line 6d and enter the result here. | 44 | 0 0 | 00 |
| - | 45 | Subtract line 44 from line 43 and enter the result here. This is your taxable income. ▶ | 45 | 0.0 | 00 |
| | 46 | Tax from the tax table on page 7 or from Form 2, page 4. If line 45 is zero or less than zero, enter zero. | 46 | ar present in the control of the con | 00 |
| ב ב | 17 | | 47 | 0.0 | 00 |
| 3 | 47 | 2% capital gains tax credit. | 71 | | |
| | 48 | Subtract line 47 from line 46; enter the result here, but not less than zero. This is your resident tax after capital gains tax credit. ▶ | 48 | 00 | 00 |
| 200 | 48a | Nonresident, part-year resident tax after capital gains tax credit. Enter here the amount from Form 2, Schedule IV, line 22, but not less than zero. | 48a | 00 | 00 |
| 2 | 49 | Tax on lump-sum distributions. Include federal Form 4972. | 49 | 00 | 00 |
| 3 | 50 | Add lines 48 or 48a and 49 and enter the result here. This is your total tax. ▶ | 50 | 00 | 00 |
| ias, ivoline unidable of cuits and recapitate | 51 | Enter the amount from Form 2, Schedule V, line 23, but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits. ▶ | 51 | 00 | 00 |
| ₹ | 52 | Recapture tax(es) (see instructions on page 7). Code | 52 | 00 | |
| 2 | 53 | Add lines 50 and 52, then subtract the amount on line 51 and enter the result here. | 53 | | actives warmed a connection of the contraction of t |

Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.



| | 5 | c.m 2, Page 3 - 201 | 1 Social | Security Number: | | | The same man the same and same and | | | | | |
|---------------------------------------|----------------|--|--|---|--|--|--|--|-----------------|--|-------------------------|--|
| • | | | | | | | | | | separate, or he | ad | Column B (for spouse when filing separately using filing status 3a) |
| posterio rescuencement | 54 | Your 2011 tax liabi | | | | | | > | 54 | 9 to 1999 a distribution programme est material a calcium, concress o di | 00 | |
| dits | 55 | for the resultant appropriate resultant control and the control appropriate resultant control and the control appropriate resultant control appropriate resu | | | | | | | 00 | AMERICA DE LA COMPARISO DE CAMBIETO AL EMBRECO CON PRODUCTION DE CAMBIETO DE COMPARISO DE CAMBIETO DE COMPARISO DE CAMBIETO DE | | |
| Cre | 56 | Montana mineral ro | yalty tax withheld | d. Include federal Fo | rm(s) 1099 | and support | ing schedule, if any | . ▶ | 56 | te en en esta differentación de entre en al comparte de esta de entre en al comparte de entre en entre en entre en entre en en entre en | 0.0 | 0.0 |
| Payments and Refundable Credits | 57 | | | olding. Include Mor | | | Form PT-WH. | > | 57 | AMAZANIA - TO AND AND CATE MARKETODES CONTRACTOR SECURIORISM | 00 | 00 C |
| pun | 58 | 2011 estimated tax | x payments and | amount applied fro | m your 20 | 10 return. | | > | 58 | alesticulus and a characteristic and a consequence of the consequence | 00 | 0.0 |
| Ref | 59 | | • | | | | | > | 59 | (2005) POR STATE OF THE PARTY OF THE PROPERTY OF THE PROPERTY STATE STATES AND STATES ASSESSMENT OF THE PROPERTY OF THE PROPER | 00 | 0.0 |
| and | 60 | Refundable credits | s from Form 2, S | chedule V, line 29. | | | | | 60 | Aria (1750-1757) ku ili ili ili ili ili ili ili ili ili il | 00 | 0.0 |
| ents | 61 | If filing an amend | led return: Payı | nents made with or | iginal retur | rn. | | > | 61 | PERSONALIZATION TO LOCAL TO THE PARTY. Little Control of Congress, ARTHROPHY | 00 | 0.0 |
| a y | 62 | 9 | | • | | | | > | 62 | PPPP (1995 - 1996 - 1996) SERVICE HEERE HEERE HEERE (1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1 | 00 | 0.0 |
| Ď. | 63 | Add lines 55 through | gh 61. Subtract | line 62, enter the re | sult here. | This is you | ır total payments | . • | 63 | rendu uz Militarija iz Zemerovo per puset sa meta en zau uzu, u gen | 00 | 0.0 |
| | 64 | If line 54 is greater | r than line 63, su | btract line 63 from | line 54. | Th | is is your tax due | .▶ | 64 | rita di Lilia (m. 1901). Propositi di servizi di servizi di servizi di servizi di servizi di servizi di serviz | 00 | 0.0 |
| grante and recognision of the | 65 | | | btract line 54 from | | - | our tax overpaid | .▶ | 65 | et en market en | 00 | 0.0 |
| S | 66 | | | | tructions o | n page 9). | | ě. | casalira eguri | | 66 | 00 |
| utio | | If applicable, 🛛 m | | Successor-1 | rming gros | | | l paym | ents | were made using | the annu | alization method |
| ntrib | 67 | Late file penalty, la | | | e instruction | ons on page | e 10). | | | > | 67 | 0.0 |
| <u> </u> | 68 | | | | | | | | | > | 68 | 00 |
| Penalties, Interest and Contributions | 69 | | | on programs from li | nes 69a th | rough 69d. | | | | • | 69 | 0.0 |
| rest | | 69a Nongame W | Vildlife Program | grada eta- | ◀ \$5 | 4 | § 10 | 00 | ⋖ otł | ner amount | Personal and the same | and the second terms of the second second second second second second |
| , I | | 69b Child Abuse | Prevention | 12.210.00 m | ⋖ \$5 | 4 : | \$10 | 00 | ⋖ oth | ner amount | | |
| Ities | | 69c Agriculture i | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | ◄ \$5 | 4 : | § 10 | 00 • | ⋖ oth | ner amount | | |
| ena | | 69d Montana Mil | litary Family Rel | ief Fund | ⋖ \$5 | | §10 | separate, or head of household) 54 | | | | |
| | | Add lines 66 through | | | | | | | | | 70 | 0.0 |
| | 71 | If you have tax due | (amount on line | 64), add lines 64 | and 70 OR | , if you have | a tax overpayme | nt (am | ount | on line 65) | | Control of the Selection of the selectio |
| e we | | and it is less than line 70, subtract line 65 from line 70. Enter the result here. If married filing separately and there are | | | | | | nd there are | 74 | | | |
| | | | | | - | | | | | - | ž | 00 |
| Amount You Owe or Your Refund | 72 | | | | | | | | | | :NI UF | KEVENUE. |
| nou S | | the result here. | vorpaymont (am | ount on line obj and | u jit is great | ter triair illie | | | | | 72 | 00 |
| ₹° | 73 | Enter the amount fr | rom line 72 that | you want applied to | your 2012 | 2 estimated | | , , | | ▶ | \$ | 00 |
| | | Subtract line 73 from | | | | | | Th | is is | vour refund. ► | \$1.00 | 00 |
| | rtasennose | ethyddin amenid o'r enwoddol ablanaidd y bwyr maeindol genra oddin. | MATERIAL CONTROL OF CO | entre de la companya de la companya La companya de la companya del la companya de | | e C. 1990 - Malde Mariney and C. 1990 - Malde Mariney and C. 1990 - Malde Mariney and C. 1990 - Malde Mariney Company | Medical designation of the second of the sec | e menengere Secretari | indiana a in | evidente de l'estatur i seau sussi l'estate se la viriliant au la que l'en en experience a la que l'en en experience de la completa del la completa de la completa del la completa de la completa de la completa del la completa de la completa del la compl | | |
| For Dir | ect D | eposit of your | 1. RTN# | | | 2 | ACCT# | | | And the following of the control of | | |
| refund, | com | plete 1, 2, 3, and 4 | 0 16 | 4.4 | | | greenery. | | | F | | The American Management of the control of the contr |
| (please page 1) | | instructions on | o. II using aire | ct deposit, you are r | required to | mark one b | ox. ► | Checki | ing | Savings | | Photographic Control of the Control |
| page 1 | -). | | 4. Is this refund | d going to an accou | nt that is lo | ncated outsi | de of the United S | tates c | r ite | territories? | | Voo N- |
| er sensellone | -14' | miles monosci il storici attivati nell'eventi un consisti decimi trati, il esperimitati il secoli materio di a | references en autoria con commence y a y a | THE STATE OF THE PARTY OF THE STATE OF THE S | errorite in the second | Contract to the second of the second | Protein Brother States Protein and America. | CONTRACTOR CONTRACTOR | or enter | THE SHOP COURSE THE AREA SHE SHAPE ON | en contrato de la compa | William Control of the Control of th |
| Your Si | gnati | ure is Required | are that I have exam | nned this return, includi Date | ng accompa Davtime Te | inying schedul elephone Ni | es and statements, an Imber Spous | d to the | best o | of my knowledge and b | elief, it is t | true, correct and complete. Date |
| TO THE BOOK OF THE | Vita magninino | AP 2002 I POPERATA LA COMINA CONTRACTOR (CONTRACTOR MANAGEMENT MANAGEM | The allocks from the case regular economics, | The final households are represented to the second and the second are required to the second are requi | | index PR - Selve Convention Property and a | | | gridic | Mentioned and the construction of the way | Marie Peret neuro | Date |
| Paid Pr | epar | er's Signature | en er vil ville der er er næmenn er er er er vil vil er er er er er er er | | Paid Prep | parer's PTIN | I/SSN | entrantenario | Firn | n's FEIN | | eggen, in his sylvater significations associated for solving description, impaired to a |
| | | | er en | The content of the co | The second of th | | ************************************** | A CONTRACTOR | | | - 12-10 Section 1 | ™ |
| Third P | arty (| Designee | te ti mor elektri ellette krisis i regillette en estatististististis | Third Party Desig | nee's Print | led Name | and the first continuous control on the first control of the contr | | ensewh- | energy was a resident corner of a constant of a | | Mark this box if you do not |
| Do you | want | to allow your spouse a | and another | and the second distribution of the second of | NETTHER MINORITY INVAVA | N of all the beautiful and the constitution of | antico (P.C). es illeres sidenteles corres color intensiste infraecios, y reg | Presidente de la companya del companya del companya de la companya | er intime en en | ilitra ilitratificazio mente especia interessis, especial indicesione del composito de | - | want forms and |
| person t | o disc | cuss this return with us | s (see page 13)? | Third Party Desig | nee's Phor | ne Number | The SECOND SERVICE CONTRACTOR AND THE SERVICE CO | est semanco | rumara au | OTT SECTION CONTRACTOR CONTRACTOR SECTION CONTRACTOR | A 17-4 | instructions mailed |
| | | Yes N | 0 | | | and the setting of the set of the | mentera caretta es era mano mesmesa assuras, que | Marie Carlo Lengt | 1997 1784 | t en la tradition de la tradition de la company de la comp | } | to you next year. |



Form 2, Page 4 - 2011

Social Security Number:

| | Schedule I - Montana Additions to Federal Adjusted Gross Income Enter your additions to federal adjusted gross income on the corresponding line. File Schedule I with your Montana Form 2. | | Column A (for single, joint, separate, or head of household) | Column B (for spouse when filing separately using filing status 3a) |
|----|--|-------------|--|---|
| 1 | Interest and mutual fund dividends from state, county, or municipal bonds from other states. | ▶ 1 | 00 | 00 |
| 2 | Dividends not included in federal adjusted gross income. | ▶ 2 | 00 | 00 |
| 3 | Taxable federal refunds. Complete Worksheet II on page 44. | ▶ 3 | 00 | 00 |
| 4 | Other recoveries of amounts deducted in earlier years that reduced Montana taxable income. Complete Worksheet IX (available at <i>revenue.mt.gov</i>). | ▶ 4 | 00 | 00 |
| 5 | Addition to federal taxable social security benefits. Complete Worksheet VIII on page 48. | ▶ 5 | 00 | 00 |
| 6 | Sole proprietor's allocation of compensation to spouse. | ▶ 6 | 00 | 00 |
| 7 | Medical care savings account nonqualified withdrawals. | ▶ 7 | 00 | 00 |
| 8 | First-time home buyer savings account nonqualified withdrawals. | ▶ 8 | 00 | 00 |
| 9 | Farm and ranch risk management account taxable distributions. | ▶ 9 | 00 | 00 |
| 10 | Addition for dependent care assistance credit adjustment. | ▶ 10 | 00 | 00 |
| 11 | Addition for smaller federal estate and trust taxable distributions. | ▶ 11 | 00 | 00 |
| 12 | Federal net operating loss carryover reported on Form 2, line 21. | ▶ 12 | 00 | 00 |
| 13 | Share of federal income taxes paid by your S corporation. | ▶ 13 | 00 | 00 |
| 14 | Title plant depreciation and amortization. | ▶ 14 | 00 | 00 |
| 15 | Premiums for Insure Montana small business health insurance credit. | ▶ 15 | 00 | 00 |
| 16 | Other additions. Specify: ▶ | ▶ 16 | 00 | 00 |
| 17 | Add lines 1 through 16. Enter total here and on Form 2, line 39. This is your total Montana additions to federal adjusted gross income. | ▶ 17 | 00 | 00 |

| | 2011 Montana Individual Income Tax Table | | | | | | | | | | | | | |
|---|--|---------------------------------------|-----------------|---------------------|---|----------------------|---------------------------------------|-----------------|---------------------|--|--|--|--|--|
| If Your Taxable Income Is More Than | But Not More Than | Multiply Your Taxable Income By | And Subtract | This Is Your Tax | If Your Taxable Income Is More Than | But Not More Than | Multiply Your Taxable Income By | And Subtract | This Is Your Tax | | | | | |
| \$0 | \$2,700 | 1% (0.010) | \$0 | | \$9,700 | \$12,500 | 5% (0.050) | \$243 | | | | | | |
| \$2,700 | \$4,700 | 2% (0.020) | \$27 | | \$12,500 | \$16,000 | 6% (0.060) | \$368 | | | | | | |
| \$4,700 | \$7,200 | 3% (0.030) | \$74 | | More T | han \$16,000 | 6.9% (0.069) | \$ 512 | | | | | | |
| \$7,200 | \$9.700 | 4% (0.040) | \$146 | | | | | - | | | | | | |

For Example:

Taxable Income \$6,800 X 3% (0.030) = \$204

\$204 Minus \$74 = \$130 Tax

